

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		* IND.	* DEP.	* IND.	* DEP.	* IND.	* DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.						
	1						51					
2		1					52					
3		2					53					
4		2					54					
5		2					55					
6		2					56					
7		2					57					
8		2					58					
9		1					59					
10		1					60					
11	1						61					
12	1						62					
13							63					
14							64					
15							65					
16		5					66					
17		8					67					
18		8					68					
19		8					69					
20							70					
21							71					
22							72					
23							73					
24							74					
25							75					
26							76					
27							77					
28							78					
29							79					
30	1						80					
31							81					
32							82					
33							83					
34							84					
35							85					
36							86					
37							87					
38							88					
39							89					
40							90					
41							91					
42							92					
43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
TOTAL IND.	3						TOTAL IND.					
TOTAL DEP.	39	1	1	1	1	1	TOTAL DEP.	1	1	1	1	1
TOTAL CLAIMS	142						TOTAL CLAIMS					